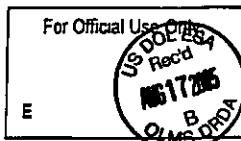


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9361</u>	2 Fiscal Year Covered From <u>1 / 1 / 04</u> Through <u>12 / 31 / 04</u>
3 Name and address of person filing Name <u>JOHN P. WILLIAMS</u> P O Box, Bldg Room No, if any _____ Street <u>8155 St. John Rd.</u> City <u>FIBERFELD, IN.</u> State <u>IN.</u> ZIP Code + 4 <u>47613</u>	4 Name, file number, and address of labor organization Name <u>ASBESTOS WORKERS LU 37</u> Labor Organization File Number <u>041-060</u> P O Box, Building and Room Number, if any _____ Street <u>2360 N. Cullen Ave.</u> City <u>EVANSVILLE</u> State <u>IN.</u> ZIP Code + 4 <u>47715</u>
5 Position in labor organization <u>TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name <u>ASBESTOS WORKERS LU 37</u> Trade Name, if any <u>JOINT APPRENTICESHIP TRAINING COMMITTEE</u> P O Box, Bldg, Room No If any _____ Street <u>2360 N. CULLEN AVE.</u> City <u>EVANSVILLE</u> State <u>IN.</u> ZIP Code + 4 <u>47715</u>	7 a Nature of Interest, Transaction, or Income <u>Instructor Salary</u> 7 b Amount <u>\$ 5,633.</u>

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is to the best of the undersigned's knowledge and belief, true correct, and complete (See the section on penalties in the instructions)

Signed

On

8/11/05
Date

812 983 9567

Telephone Number

